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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 2 of 2

Application Number

Filing Date

First Named Inventor

Andres-Gil et al.

Group Art Unit

Examiner Name

Attorney Docket Number

JAB-1690

[illegible]

Examiner Signature	<i>F. Bernhardt</i>	Date Considered	<i>11/9/06</i>
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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**Examiner
Signature**

L Bernhardt

Date
Considered